	EKNAL ONLY		[CONFIDENTIAL SECRET		
. Approved For Releas	80111 1	G ² AND	RECOR	00280E001000050011-4		
SUBJECT: (Optional)						
Request to Speak Befor	re a Gro	up, Oral	ly Pres	ent a Paper, etc.		
Office Name Office Address			EXTENSION	NO.		
				DATE		
TO: (Officer designation, room number, and building)	DATE		OFFICER'S	COMMENTS (Number each comment to show from whom		
	RECEIVED	FORWARDED	INITIALS	to whom. Draw a line across column after each comment.		
1. Office Director	i			If this is mailed, it will take		
Address				at least two weeks. If you wish		
2.				to handcarry it (depending on circumstances, takes about 2-3		
NFAC/SO 2F28 Hqs				days), make the following notation and put a priority tag on it.		
3.						
D/OS Attn: OS/EAB 4E33 Hqs				FOR HANDCARRY, PLEASE CALL		
4.						
NFAC/CAR 3E49 Hqs				at X-		
5. 5.				(Person's name)		
AD-M/NFAC						
7E62 Hqs 6.				-		
Originating Office						
Address 7.				The AD-M's secretary will mail the approved copies. Include an additional copy, addressed to Assistant to the Director, 1F04 Hqs, in the package, even though he is not included in the check-off routing.		
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8.						
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12.						
13.						
14.				1		
15.				1		
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